

**International Medical Sciences Academy, World Headquarters,
2nd Floor, National Medical Library Building, Ring Road, Ansari Nagar, New Delhi 29, Tel
011 26588226, 26589660, E mail: imsaahq07@gmail.com, www.imsaonline.com**

Instructions and Check List

Instructions and check List for filling the Application form for Fellowship / Membership of International Medical Sciences Academy.

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|--|--------|
| 1. Name (Complete as mentioned on the professional Degree Certificates) | Yes/No |
| 2. Date of Birth | Yes/No |
| 3. Sex | Yes/No |
| 4. Nationality | Yes/No |
| 5. Address | |
| Address Residence | Yes/No |
| Address Office | Yes/No |
| Address (where JIMSA journal is to be posted) | Yes/No |
| 6. Contact Telephone No. | |
| Office | Yes/No |
| Residence | Yes/No |
| Mobile | Yes/No |
| 7. E mail ID | Yes/No |
| 8. Fax | Yes/No |
| 9. Documents | |
| Graduation Degree Certificate attached (Self Attested) | Yes/No |
| Post Graduation Degree Certificate attached (Self Attested) | Yes/No |
| Diploma (Self Attested) | Yes/No |
| Any other Certificate (Self Attested) | Yes/No |
| 10. Present Appointment (Position & Name of Institution with address) | Yes/No |
| 11. List of Publication (Mentioned the publications, No attachment required) | Yes/No |
| 12. Membership of Professional Organization (Mention only) | Yes/No |
| 13. Signature with Date | Yes/No |
| 14. Fellowship Pledge signed with Name and Date | Yes/No |
| 15. Demand Draft of Requisite Fee attached
(Rs 15000/- for Fellowship and Rs. 7,000/- for Membership, Rs. 5,000/- for Associate membership) | Yes/No |
| 16. Recommendations (Proposer & Seconder)

(Present List of Fellows since January 1, 2010 available on www.imsaonline.com) | Yes/No |
| 17. Details of the Proposer & Seconder | Yes/No |
| 18. Two Passport sized Photographs | Yes/No |
| 19. IMSA Contact Details as on Page 1 top. | |